pplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective October 1, 2001                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                             |                                      |                    |                                   |                        |              |              |                        |    |                           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|--------------------------------------|--------------------|-----------------------------------|------------------------|--------------|--------------|------------------------|----|---------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Colu                                                                                                                                                                                                                                                                                                                                                                |                                                |                                             |                                      |                    |                                   | SMALL ENTITY TYPE TYPE |              |              |                        | OR | OTHER THAN R SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                             |                                      |                    |                                   |                        | RA           | ΤE           | FEE                    |    | RATE                      | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                             | NUMBER FILED                         |                    | NUMBER EXTRA                      |                        | BASI         | C FEE        | 370.00                 | OR | BASIC FEE                 | 890.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                             | 6 minus 20=1                         |                    | *                                 |                        | X\$          | 9=           |                        | OR | X\$18=                    |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                             | 3 minus 3 =                          |                    | *                                 |                        | X4           | 12=          |                        | OR | X84=                      |                        |
| MU                                                                                                                                                                                                                                                                                                                                                                                                       | LTIPLE DEPEN                                   | DENT CLAIM PF                               | RESENT                               |                    |                                   |                        | 11           | 40=          |                        | OR | +280=                     |                        |
| * If                                                                                                                                                                                                                                                                                                                                                                                                     | the difference i                               | n column 1 is l                             | ess than zero, enter "0" in column 2 |                    |                                   |                        |              | TAL          |                        | OR | TOTAL                     |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                             |                                      |                    |                                   |                        | 10           | IAL          |                        | On | OTHER                     | THAN                   |
|                                                                                                                                                                                                                                                                                                                                                                                                          | ·                                              | (Column 1)                                  | (Column 2)                           |                    |                                   | (Column 3)             | SMALL ENTITY |              |                        | OR | SMALL                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | NUM<br>PREVI       | HEST<br>IBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA       | R/           | ATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                          | *                                           | Minus                                | **                 |                                   | =                      | X            | 9=           |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | *                                           | Minus                                | ***                |                                   | =                      | X.           | 12=          |                        | OR | X84=                      |                        |
| Ĺ                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                      |                    |                                   |                        | ]  -         | 40=          |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | BEST AVAILABLE COPY                            |                                             |                                      |                    |                                   |                        |              | TOTAL        |                        | OB | TOTAL                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                             | T. FEE                               | ****               | 10                                | ADDIT. FEE             | <b>L</b>     |              |                        |    |                           |                        |
| ENT B                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                      | HIG<br>NUI<br>PREV | IMN 2) HEST MBER HOUSLY D FOR     | PRESENT<br>EXTRA       | <b>1</b>     | ATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
| MENDMENT                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          |                                             | Minus                                | **                 |                                   | =                      | X            | § 9=         | ,                      | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                             | Minus                                | ***                |                                   | =                      | ×            | 42=          | *                      | OR | X84=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                      |                    |                                   |                        |              | 40=          |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | <u> </u>                                    | TOTAL                                |                    | OR                                | TOTAL                  |              |              |                        |    |                           |                        |
| ADDIT. FEE ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                             |                                      |                    |                                   |                        |              |              |                        |    |                           |                        |
| ENTC                                                                                                                                                                                                                                                                                                                                                                                                     | -                                              | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                      | HIG<br>NU<br>PRE\  | SHEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA       |              | ATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                              | Total                                          | *                                           | Minus                                | **                 |                                   | ]=                     | X            | \$ 9=        |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | *                                           | Minus                                | ***                |                                   | =                      | $] _{x}$     | 42=          |                        | OR | V04                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | PENDENT CLAIM                               |                                      | ┛┝╌                |                                   |                        | 1            |              | 1                      |    |                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                          | If the entry in colu                           | ımn 1 is less than                          | the entry in col                     | umn 2, wi          | rite "O" in co                    | olumn 3.               | <u> </u>     | 40=<br>TOTAL |                        | OR | +280=<br>TOTA             | <del> </del>           |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."  Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                             |                                      |                    |                                   |                        |              |              |                        |    |                           |                        |